HUMAN BLOOD IN NEW YORK CITY*

Report of a Study of Its Procurement, Distribution and Utilization†

Summary of Findings and Recommendations

"Disunity, disorganization and disorder" characterize the overall picture of the activities by which New Yorkers are provided with blood and its derivatives to be used in the treatment of disease and injury, according to the report of a survey of 158 agencies that engage in some or all phases of providing blood.

Taking as its main thesis the position that the provision of blood is a community concern, the report asserts that the individual agencies performing this service "are not gauging their thinking on a community scale or visualizing their role in the larger situation; nor are they working together with mutual trust." Furthermore, their practices as revealed by the survey "betray a mutual disregard, lack of confidence and even competition", the report continues.

The survey was carried out by the Committee on Public Health of The New York Academy of Medicine at the request of representatives of the blood-handling agencies themselves. According to the report, the agencies had become increasingly aware of growing problems, and in order to bring about improvement, factual data on the whole situation were needed.

Throughout the report the principal recurring theme is existing variation—in policies, practices and technical procedures. Repeatedly, the tabulated data show that the blood agencies are operating with no suggestion of uniformity. In the face of this condition, the report presents sixty detailed recommendations centered around a proposed coordinating agency, which would establish cooperative and advisory relationships with all the operating blood banks in the city.

"If the blood agencies agree to work together toward a common goal, the good of the whole community, and if they join together in establishing a system with adoption of the same practices and standards of operation, they will create a climate of cooperation, mutual respect, and trust. By orienting their individual interests toward the larger objective, they will conduct their operations with community-mindedness", the Committee's report declares.

To achieve the objective of a service dedicated to the public welfare the Committee recommends first, that all the blood-handling agencies in New York City formally organize, on a permanent basis, a community body concerned with blood.

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† The Study was conducted by a Subcommittee of the Committee on Public Health of The New York Academy of Medicine. The membership of this Subcommittee included: Dr. Milton J. Goodfriend, Chairman; Drs. Henry Aranow, Jr., Alvan L. Barach, Linn J. Boyd, L. Whittington Gorham, Harry Most and Howard A. Patterson, members. Dr. Harry D. Kruse, Executive Secretary of the Committee on Public Health of The New York Academy of Medicine, served as General Director.

The aims outlined for the central agency include: planning on a community level, improvement in standards of operation, standardization of procedures and technical methods, encouragement of research, and improvement of relations with the public.

From the recommendation of a central agency flow all the remaining recommendations, which set forth in specific details the duties of every participant in the proposed community organization.

The central agency would have administrative, advisory and planning functions related to all phases of blood-handling. Its first recommended action would be to set up a community blood center, which would carry out the administrative duties, assist the member organizations, and meet supplementally the community's needs for blood.

Among the specific tasks which such a center would undertake would be:

Ascertain the community's need for blood and the potential supply.
Maintain an inventory of all blood in the city, and central records of its use.
Promote and assist in the recruitment of donors for all agencies.
Handle emergencies and inter-agency transactions, such as providing rare types of blood and distributing temporary over-supply, transferring blood from one agency to another if needed.
Establish a bureau for complaints.
Foster and engage in research.

The Committee came to the conclusion that New York City depended too much on paid donors, in view of the fact that 42 per cent of all blood was obtained from this source, whereas elsewhere in the United States as a whole, the percentage was only 2 per cent from paid donors. The report states: "It is clear that if the use of professional donors is diminished, the public will have to play a larger part in providing blood. . . . The public must be made to realize that the provision of blood at regular intervals, not just in emergencies, is a responsibility and a civic duty if the city is to maintain a supply of this life-saving product."

Among the glaring deficiencies revealed by the survey is the inadequate keeping of records, and the wide variation in such systems as are maintained, the report states. To bring about improvement in records, without which the proposed blood center could not carry out its function of coordination and community planning, the survey committee makes explicit recommendations for standardized records and names the development of an efficient system as one of the Center's principal responsibilities.

The Committee makes strong recommendations on two aspects of the blood situation that are said to have caused mystification and irritation to the public.

One of these is the variety of replacement ratios. Requirements for replacement of blood used for the sick or injured run from a pint-for-pint arrangement or two or three pints for one pint, the data show. The report urges that standard ratios be set for replacements of blood by friends and relatives of patients, and similarly, that standard exchange and credit systems be established.

The second problem arises from charges for blood, which are equally inconsistent from one institution to another. "The survey has shown an altogether astonishing variability in schedules of charges in different institutions", the report states.

Total charges for the first transfusion ranged from $14 to $51 in voluntary hospitals and from $25 to $60 in proprietary hospitals.

The Committee has several suggestions for improvement in the matter of charges. In its opinion, blood should not be sold for profit. "This means," the report explains, "that a hospital's transactions in blood should not be profit-making; the blood delivered to the patient should be priced accordingly. Thus, any profit resulting from the handling of blood should indicate an opportunity for lowering the price of transfusions, not for diverting the profit to another department of the hospital which is not breaking even, or for assigning the extra income to general funds."

Recognizing that voluntary and proprietary hospitals have different overhead expenses, the Committee urges that each group analyze its costs and attempt to set fixed prices to be charged to patients. The prices in the two types of hospitals would probably not be the same, but the Committee recommends that there be "a ceiling on the price of provision of blood throughout the city in each type of institution", and emphasizes that any difference in the price ceiling should be well-founded and fair.

The Committee also makes a strong plea for the abandonment of a deeply intrenched practice —charges for blood varied according to the type of accommodation in the hospital; that is, ward, semiprivate and private. "The Committee believes that this practice violates the very principle of providing blood without profit", the report declares.

The Committee's recommendations on charges and billing were as follows:

> "Develop a standard system of charges for blood and the services incident to transfusion and set a maximum charge.
>
> "Formulate a uniform system of billing patients to supplant the present confusing multiple systems."

The recommendations spell out in detail the points in which the Committee believes the collecting and distributing agencies can improve their own operations and thus contribute to the community's welfare. They emphasize recruitment of donors, record-keeping, uniform processing of blood, investigation of transfusion reactions, and study of the economics of production so as to arrive at uniform charges for processed blood.

Hospitals, as the chief users of blood and blood derivatives, are urged to adapt their policies, practices, techniques and record-keeping systems to those devised and recommended by the proposed central agency. Specific recommendations concern problems which are peculiar to the hospitals, including facilities for storage and transportation, pretransfusion examination of patients, uniform and standard cross-matching tests for the blood; records of transfusion reactions and study of such reactions by the clinical pathologist of the hospital and by the community blood center; the provision of adequate technical staff on nights, week-ends and holidays, and the wastage of blood. These recommendations are in addition to those on charges and billing, which affect the hospitals most deeply.

The formal request for the survey was presented in March 1956 to the Academy of Medicine by an *ad hoc* committee representing twelve interested organizations, with Dr. August H. Groeschel, Associate Director of The New York Hospital, as chairman. The director of the survey was Dr. H. D. Kruse, Executive

Secretary of the Academy's Committee on Public Health. The work was guided by a subcommittee under the chairmanship of Dr. Milton J. Goodfriend.

The major objectives of the study as stated in the report were: "1) to obtain factual data concerning the policies, practices, procedures, volume handled, facilities, equipment, replacement ratios, charges, and other information related to procuring, processing, preserving, using, and exchanging or selling whole human blood and blood derivatives in New York City; 2) to identify the problems that must be solved in order to establish better practices and to obtain improved results in dealing with whole human blood and blood derivatives; and 3) to recommend the action that should be taken to place blood-handling activities in New York City on a sound basis in terms of community needs."

The study consumed eleven months, during which information was collected from the 158 blood-handling organizations by means of questionnaires and in more than half the instances, by actual visits. Of all the establishments engaged in blood activities in New York City, only two, under the same ownership, did not participate.

The problems that enter into blood-handling in New York City, as identified by this exhaustive study, were the following: lack of community interest, the perishable nature of blood, differences in policy, public misunderstanding, lack of a coordinating agency, uncoordinated planning, incomplete and nonuniform records, lack of standardized processing methods, personnel shortage, and limited facilities.

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